

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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FEC MAIL CENTER

1. (a) Name of Candidate (in full) <b>Luis E. Fernandez</b>		2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>12864 Biscayne Blvd, #445</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>North Miami, FL 33181-2007</b>		
4. Party Affiliation <b>None Affiliation</b>	5. Office Sought <b>House</b>	6. State & District of Candidate <b>Florida 24th</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2014** election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>LUIS FERNANDEZ FOR CONGRESS</b>
(b) Address (number and street) <b>12864 Biscayne Blvd, #445</b>
(c) City, State, and ZIP Code <b>North Miami, FL 33181-2007</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <b>1/27/2014</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <span style="margin-left: 20px;">UPS</span> <span style="float: right;">Shipping Date 2/4/14</span>	
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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